



Enrollment Form

Our Team Nutrition Program Leader is:

First Name _____ Last Name _____

Title _____ Program Name _____

Program Address _____

City _____ State _____ Zip code _____

Telephone_(_____) _____ FAX_(_____) _____

E-mail _____

We agree to:

- Support USDA's Team Nutrition mission and principles.
- Demonstrate a commitment to help students meet the Dietary Guidelines for Americans.
- Designate a Team Nutrition Program Leader who will establish a team.
- Distribute Team Nutrition materials to teachers, students, and parents as appropriate.
- Involve teachers, students, parents, food service personnel, and the community in interactive nutrition education activities.
- Demonstrate a well-run Child Nutrition Program.
- Share successful strategies and programs with other Team Nutrition Programs.

We certify our Nutrition Program does not have any outstanding overclaims or significant program violations in our meal programs.

(Print) Program sponsor or administrator

(Print) Food service manager

Signature

Signature

Date

Date

Return form to: Janet Wendland, Bureau of Nutrition Programs & School Transportation, Grimes State Office Building, Des Moines, IA 50319-0146

